



# Continuing Education Provider Application

Press F11 to move to input fields.

<b>Requester's Name: (Last, First, MI)</b>	<b>Organization or name you intend to use as provider:</b>
<b>Contact Person: (If Different from Requestor)</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	<b>Fax:</b>
	<b>Email:</b>

## Part I: Statement of Qualifications

Please give a summary of your experience providing educational programs, along with any references.

**Summary of experience:**

## Part II: Statement of Organization

Please provide a detailed summary for each question. (All questions must be answered.)

1. How many workshops will you provide over the next 12 months?
2. How will your workshop(s) be advertised?
3. How many classes will be offered at each workshop? Example: One to seven classes per workshop.
4. When will a finalized agenda be available?
5. Describe the method you intend to use to evaluate each class. If your evaluation process included a form, please provide a copy.
6. Describe how you intend to verify attendance throughout the term of each class and how attendance will be reported to Ecology.
7. You are required to provide each student with some form of proof that they completed each class. Please provide a copy of the certificate you intend to use.
8. What is your cancellation policy?

## Part III: Statement of Resources

Please identify the name(s) of the training facility(ies) you intend to use for the workshop(s) and the location(s). Provide dates for each workshop.

Name(s) of the facility(ies) where the training will take place:	Facility Address:	Workshop Date(s)

## Part IV: Statement of Accountability

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.

The statement of accountability shall justify the cost of the class or workshop and must contain a statement assuring delivery of each class.

Please provide a statement of accountability.

## Part V: Comments and Signatures

**Comments:**

The information provided in this application is true and accurate.

Signature: \_\_\_\_\_ Title:    Date: